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27734 7590 08/25/2004

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Mary L. Pollick

(Depositor's name)

Mary L. Pollick

(Signature)

November 26, 2004

(Date)

12/01/2004 MBEYENE2 00000012 09898402

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09898,402	07/03/2001	Stuart A. Kingsley	D597.4	2184

TITLE OF INVENTION: HIGH-IMPEDANCE OPTICAL ELECTRODE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	11/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GIBSON, ROY DEAN	3739	600-372000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	KREMBLAS, FOSTER 1 PHILLIPS & POLLICK
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2 _____	3 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SRICO, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Columbus, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3393 (enclose an extra copy of this form).

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Authorized Signature

Date November 26, 2004

Typed or printed name Philip J. Pollick

Registration No. 29,692

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